

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90026 002 ***158.75

DOCUMENT # P05000109471 1. Entity Name CHAMELEON IMPRESSIONS, INC.			
Principal Place of Business 229 HARRISON AVENUE PANAMA CITY, FL 32401		Mailing Address 229 HARRISON AVENUE PANAMA CITY, FL 32401	
2. Principal Place of Business - No P.O. Box # 14414 Bonnie Girls Way Suite, Apt. #, etc.		3. Mailing Address 14414 Bonnie Girls Way Suite, Apt. #, etc.	
City & State Southport FL		City & State Southport FL	
Zip 32409		Zip 32409	
Country		Country	
4. FEI Number 20-3720956-3270956		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONOUGH, MATTHEW L 521 E 4TH ST PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name Diane C. Hare, CPA Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks Ave. City Panama City FL Zip Code 32405	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Diane C. Hare, CPA</u> 03-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUMMER, JACQUELINE 14414 BONNIE GIRL WAY SOUTHPORT, FL 32409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KUMMER, RICKEY E 14414 BONNIE GIRL WAY SOUTHPORT, FL 32409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jacqueline M. Kummer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/25/08 850-319-8697 <small>Date Daytime Phone #</small>	